

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

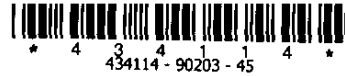
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DOCUMENT # 726729

1. Corporation Name

CHURCH OF GOD (SEVENTH DAY) OF CENTRAL FLORIDA,  
INC.



Principal Place of Business

ATTN: STEVEN L. KYNER  
27 S. 5TH STREET  
HAINES CITY FL 33844  
US

Mailing Address

ATTN: STEVEN L. KYNER  
27 S. 5TH STREET  
HAINES CITY FL 33844  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Attn: Macon Stroupe

27 Suite, Apt. #, etc.

28 Haines City, FL

Zip

Country

29 33845

30

US

3. Date Incorporated or Qualified

06/18/1973

4. FEI Number

59-1481495

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BRANN, BRUCE M.  
9525 SR 535  
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STROUPE MACON  
STREET ADDRESS 1604 ROBINSON DRIVE  
CITY-ST-ZIP HAINES CITY FL

TITLE D ☐ DELETE

NAME HINTON, DIANA  
STREET ADDRESS 3015 EAGLE LAKE DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE

NAME MCDOWELL, ROSE D.  
STREET ADDRESS 1315 MOSS ST  
CITY-ST-ZIP HAINES CITY FL

TITLE VD ☐ DELETE

NAME DEMCHAK, JUANITA  
STREET ADDRESS 4427 GINNY DRIVE  
CITY-ST-ZIP LAKELAND FL 33801

TITLE TD ☐ DELETE

NAME STROUPE, NILA G.  
STREET ADDRESS 1604 ROBINSON DRIVE  
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Macon Stroupe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

Date

941-422-8661

Daytime Phone #

CR2E037 (11/98)